

RENEWAL APPLICATION FOR 1984
ANNUAL DISPOSAL SITE PERMIT

SEATTLE-KING COUNTY
DEPARTMENT OF PUBLIC HEALTH



Part I

Date of Application April 23, 1984

Name of Site: King County Airport Site Attendant/Manager Don Smith
Address: P.O. Box 80245 Seattle Wash. 98108
Phone (if any): 344-7390
Owner: King County
Address: _____
Phone: _____

Type of Facility: (check)

Sanitary Landfill _____

Non-putrescible Landfill _____

Transfer Station _____

Drop Box Facility _____

Sludge Utilization Site X

Incinerator (Standard) _____

Incinerator (Steam Recovery) _____

Composting Facility _____

Reclamation Site _____

Part II

GOVERNMENT APPROVAL

Health Department

1983 Solid Waste Permit Classification: Conforming X Non-Conforming _____

NOTE: If your 1983 permit included specific conditions, please describe status of compliance with each of the conditions that accompanied the permit and attach it to the application.

Other

The applicant has appropriate operating permits and follows guidelines established by other Department/Agencies (e.g. Puget Sound Air Pollution Control Agency, Zoning, Planning, Department of Ecology, etc.) Yes X No _____

NOTE: If no, indicate deficiency and measures taken to conform

